



**Open Enrollment Overview**

This Job Aid provides a walkthrough of the enrollment steps you need to complete during Open Enrollment (OE) in Cardinal Employee Self-Service (ESS).

The dates shown throughout this Job Aid were taken for the May Open Enrollment time frame. However, the process contained in this Job Aid applies to all Open Enrollment dates.

Throughout the Job Aid there will be verbiage blurred out on the screenshots. Please remember to read the instructions and the fine print on the actual pages in Cardinal when going through the Open Enrollment steps.

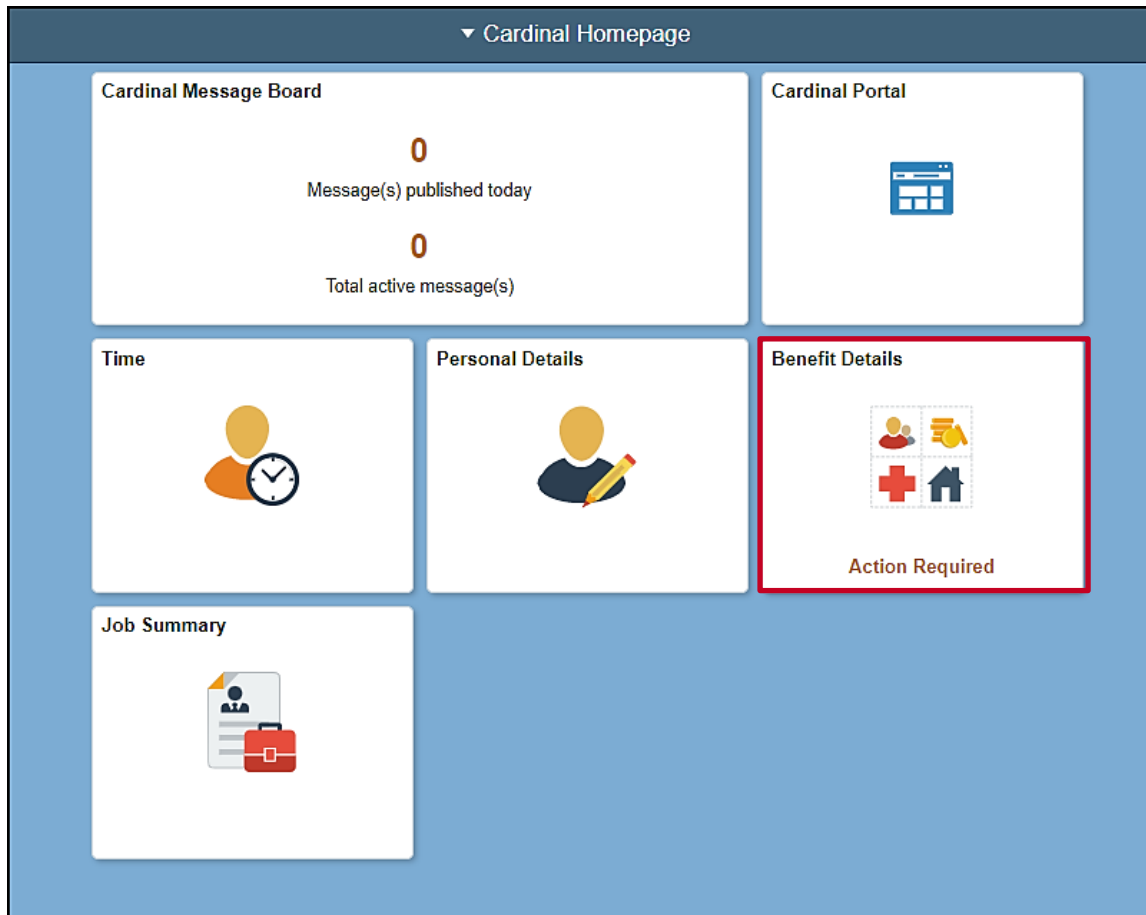
**Table of Contents**

Making your Open Enrollment Elections (in ESS) .....2

**Making your Open Enrollment Elections (in ESS)**

The Open Enrollment process contained in this Job Aid can only be completed during the Open Enrollment (OE) period. Outside of the OE window, you can only change your benefits through a Life Event (i.e., Birth, Adoption, Divorce, Marriage, etc.) in Employee Self-Service or by contacting your agency Benefits Administrator (BA).

This process begins at the **Cardinal Homepage**.



**Note:** Individual **Cardinal Homepage** tile availability and locations may appear differently based upon individual preferences and security settings.

1. Click the **Benefit Details** tile.



## ESS How to Make Open Enrollment Elections

The **Benefit Details** page displays with the **Benefits Summary** list item displayed by default.

**Benefit Details**

Michael Wills450  
Admin and Office Spec III

**Benefits Summary**

As Of: 04/13/2022

Type of Benefit	Plan Description	Coverage or Participation
Medical	COVA Cr+Exp Den+Vision&Hrng	Family >
Imputed Life	Imputed Life Insurance Income	Salary X 2 >
403(b)		Waived
Section 457		Waived

2. Click the **Benefits Enrollment** list item on the left-hand side of the page.

The **Benefits Enrollment** page displays.

**Benefit Details**

Michael Wills450  
Admin and Office Spec III

**Benefits Enrollment**

Your Benefit Events

Event Description	Event Date	Event Status	Job Title
Open Enrollment	07/01/2022	Open	Admin and Office Spec III

**Benefit Details**

Michael Wills450  
Admin and Office Spec III

**Benefits Enrollment**

Your Benefit Events

Event Description	Event Date	Event Status	Job Title
Open Enrollment	07/01/2022	Submitted	Admin and Office Spec III

3. Click either the **Start** button or **Re-Elect** button for the Open Enrollment event.

**Note:** If you have already completed any elections for this Open Enrollment and you need to make updates or any additional elections, the Status for the Open Enrollment event will be "Submitted" and the **Start** button will be replaced with a **Re-Elect** or a **Resume** button.



# Benefits Job Aid

## ESS How to Make Open Enrollment Elections

The **Benefits Enrollment** section displays.

**Benefit Details**

**Benefits Enrollment**

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

**Enrollment Summary**

Your Pay Period Cost **\$220.00** Full Cost **\$220.00**  
Status **Pending Review** Employer Cost **\$929.50**

[Enrollment Preview Statement](#)  
[Submit Enrollment](#)

**Medical**

Current **COVA Cr+Exp Den+Vision&Hmg**  
New **COVA Cr+Exp Den+Vision&Hmg**  
Status **Pending Review**  
3 Dependents

Pay Period Cost **\$220.00** [Review](#)

**Benefit Plans**

**Medical**

Current **COVA Cr+Exp Den+Vision&Hmg**  
New **COVA Cr+Exp Den+Vision&Hmg**  
Status **Pending Review**  
3 Dependents

Pay Period Cost **\$220.00** [Review](#)

**Flex Spending Medical**

Current **Medical Flex Spending Account**  
New **Waive**  
Status **Pending Review**

Pay Period Cost **\$0.00** [Review](#)

**Flex Spending Dependent Care**

Current **Waive**  
New **Waive**  
Status **Pending Review**

Pay Period Cost **\$0.00** [Review](#)

**Flex Spending Admin Fee**

Current **Flex Spending Admin Fee**  
New **Waive**  
Status **Pending Review**

Pay Period Cost **\$0.00** [Review](#)

**Note:** The Benefit Plans available on this page depend on your benefits eligibility. Retirees will only see the **Medical** tile. The steps within this Job Aid starts by detailing the steps for changing your Health Plan (**Medical** tile). Proceed to the applicable Step for the plan you need to enroll in based on the following:

- Health Plan: [Step 4](#)
- Flex Spending Medical: [Step 34](#)
- Flex Spending Dependent Care and Flex Spending Admin Fee: [Step 38](#)

4. Review your Current enrollment information within the **Medical** tile. The New enrollment information defaults with the same enrollment information.

**Note:** If no enrollment changes need to be made for the new plan year, skip to [Step 45](#).

5. Click the **Medical** tile to begin the enrollment process.



## Benefits Job Aid

### ESS How to Make Open Enrollment Elections

The **Medical** page displays.

**Medical**

**Enroll Your Dependents**

Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information.

Dependents	Relationship
<input checked="" type="checkbox"/> Summer E Wills450	Spouse
<input checked="" type="checkbox"/> Bryce Charles Wills450	Child
<input checked="" type="checkbox"/> Jessica M Wills450	Child

**Add Dependent**

**Enroll in Your Plan**

The Family Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
<input type="button" value="Select"/> Waive				\$0.00
<input type="button" value="Select"/> COVA HlthAwrr + Prev Den	\$26.50		\$928.00	\$26.50
<input type="button" value="Select"/> COVA HlthAwrr + Exp Den&Vis	\$69.50		\$928.00	\$69.50
<input type="button" value="Select"/> COVA HlthAwrr + Exp Den	\$84.50		\$928.00	\$84.50
<input type="button" value="Select"/> COVA High Ded Plan + PrevDen			\$818.50	\$0.00
<input type="button" value="Select"/> COVA High Ded Plan + Exp Den	\$44.50		\$818.50	\$44.50
<input type="button" value="Select"/> COVA Care + Prev Dental	\$147.50		\$929.50	\$147.50
<input type="button" value="Select"/> COVACrr+Prev Den+Out-of-ntwk	\$173.00		\$929.50	\$173.00
<input type="button" value="Select"/> COVA Care + Expanded Dental	\$193.50		\$929.50	\$193.50
<input type="button" value="Select"/> COVA Cr+Exp Den+Out-of-ntwk	\$219.00		\$929.50	\$219.00
<input checked="" type="button" value="Select"/> COVA Cr+Exp Den+Vision&Hrng	\$220.00		\$929.50	\$220.00
<input type="button" value="Select"/> COVA+ExDen+Out-of-ntwk+Vs&Hfr	\$245.00		\$929.50	\$245.00
<input type="button" value="Select"/> TRICARE	\$80.50			\$80.50

- Review the existing dependents covered under your health plan to determine if changes are needed.
- If you need to add a dependent to your health plan coverage, click the **Add Dependent** button. If you are not adding a dependent, skip to [Step 30](#).

**Note:** Only add dependents that will be covered under your health plan. Do not add any beneficiaries into Cardinal. Beneficiaries (for life insurance or retirement) are not tracked in Cardinal. See your agency Benefits Administrator for any additional questions related to beneficiaries.

The **Dependent and Beneficiary Information** page displays.

**Dependent and Beneficiary Information**

**Add Individual**

Name	Relationship	Beneficiary	Dependent
Summer Wills450	Spouse		<input checked="" type="checkbox"/>
Bryce Wills450	Child		<input checked="" type="checkbox"/>
Jessica Wills450	Child		<input checked="" type="checkbox"/>

- Click the **Add Individual** button to add a dependent to your Employee Record.



The **Individual Dependent/Beneficiary Information** page displays.

Cancel

Individual Dependent/Beneficiary Information

Name

Add Name

Personal Information

Date of Birth

\*Gender

\*Relationship to Employee

\*Marital Status

Single

As of

\*Student

No

As of

\*Disabled

No

As of

\*Smoker

Non Smoker

As of

Address

Address	Address Type	Same as mine
100 East Main Street Richmond, VA 23234	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

Add Email

- Click the **Add Name** button.



The **Name** page displays in a pop-up window.

A screenshot of a web-based "Name" pop-up window. The window has a title bar with "Cancel" on the left, "Name" in the center, and "Done" on the right. The "Done" button is highlighted with a red box. The form contains several fields: "Name Format" (a dropdown menu with "English" selected), "Name Prefix" (a dropdown menu), "\*First Name" (a text input field with a red border), "Middle Name" (a text input field), "\*Last Name" (a text input field with a red border), "Name Suffix" (a dropdown menu), "Display Name" (a label), "Formal Name" (a label), and "Name" (a label). The asterisk (\*) next to "First Name" and "Last Name" indicates they are required fields.

10. Enter your dependent's name information in the corresponding fields. The **First Name** and **Last Name** fields are required.

**Note:** Suffixes should only be entered in the **Name Suffix** field.

11. Click the **Done** button.



## ESS How to Make Open Enrollment Elections

The **Individual Dependent/Beneficiary Information** page returns with the name populated.

Cancel Individual Dependent/Beneficiary Information

Select Save after you have edited your Dependent/Beneficiary's information.

**Name**

Yellow Wills >

**Personal Information**

Date of Birth

\*Gender

\*Relationship to Employee

\*Marital Status

\*Student

\*Disabled

\*Smoker

As of

As of

As of

As of

**Address**

Address	Address Type	Same as mine
100 East Main Street Richmond, VA 23234	Home	Same as mine >

**National ID**

No data exists

Add National ID

**Phone**

No data exists

Add Phone

**Email**

No data exists

Add Email

12. Input your dependent's date of birth in the **Date of Birth** field or select the appropriate date of birth using the **Date of Birth Calendar** icon.

13. Select your dependent's gender using the **Gender** dropdown button.

14. Select your dependent's relationship to you using the **Relationship to Employee** dropdown button.

**Note:** All children to be covered under health benefits, regardless of age, must be listed as "Child".

15. Select your dependent's marital status using the **Marital Status** dropdown button.

16. The **Student** field defaults to "No". There is no requirement to update this field as the Student field is not tracked in Cardinal or transmitted to the Health Benefits Vendor.

17. The **Disabled** field defaults to "No". Do not change this value.

**Note:** If your dependent is "Disabled", you must provide proof of disability to your agency Benefits Administrator outside of Cardinal.





## ESS How to Make Open Enrollment Elections

18. The **Smoker** field defaults to “No”. Do not update this field as Cardinal does not track or transmit smoker status to the Health Benefits Vendor.

Cancel Individual Dependent/Beneficiary Information

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Mar 30, 2022.

**Name**

Yellow Wills >

**Personal Information**

Date of Birth

\*Gender

\*Relationship to Employee

\*Marital Status  Single >

As of

\*Student  No >

As of

\*Disabled  No >

As of

\*Smoker  Non Smoker >

As of

**Address**

Address	Address Type	Same as mine
100 East Main Street Richmond, VA 23234	Home	Same as mine >

**National ID**

No data exists

Add National ID

**Phone**

No data exists

Add Phone

**Email**

No data exists

Add Email

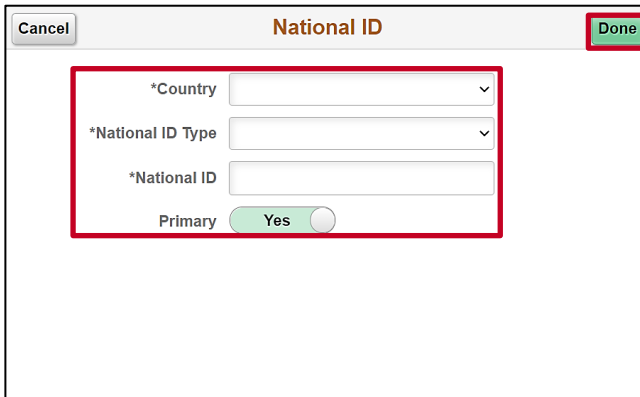
19. If your dependent has the same address as you do, verify that the **Address** section is set to “Same as mine”.

**Note:** If your dependent has a different address than you, click on the address shown and edit accordingly.

20. Scroll down to the **National ID** section as needed and click the **Add National ID** button.

## ESS How to Make Open Enrollment Elections

The **National ID** page displays in a pop-up window.

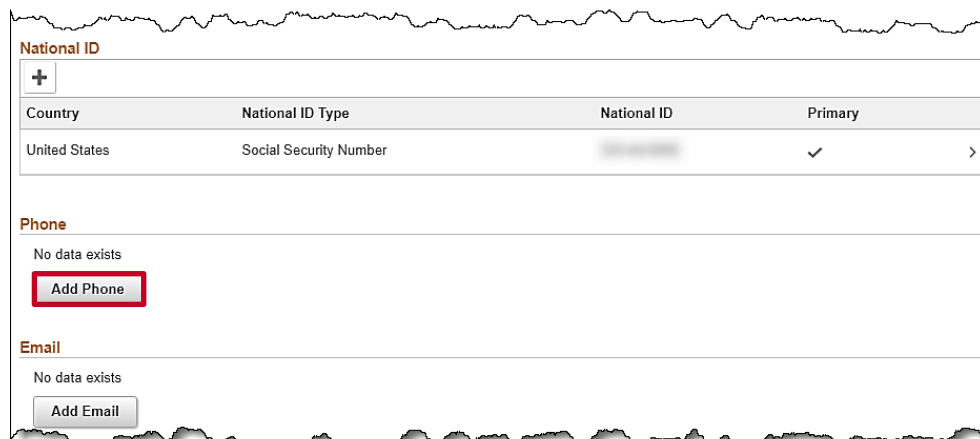


21. Complete the **Country**, **National ID Type**, and **National ID (SSN)** fields for the dependent.

**Note:** It can only be “No” for the **Primary** slide field if there is more than one type of National ID listed for the dependent (e.g., dual citizenship).

22. Click the **Done** button.

The **Individual Dependent/Beneficiary Information** page returns.



Country	National ID Type	National ID	Primary
United States	Social Security Number	[redacted]	✓

**Phone**  
No data exists  
**Add Phone**

**Email**  
No data exists  
**Add Email**

23. Click the **Add Phone** button.



## ESS How to Make Open Enrollment Elections

The **Phone Number** page displays in a pop-up window.

A pop-up window titled "Phone Number" with a "Cancel" button on the left and a "Done" button on the right. The window contains a red-bordered box with the following fields: "Same as mine" with a "No" button, "Type" with a dropdown arrow, "Number" with a text input field, "Extension" with a text input field, and "Preferred" with a "No" button.

24. Select "Yes" for the **Same as Mine** slider field as applicable. If not, enter the dependent's phone information in the corresponding fields.

**Note:** Phone number information is not required for dependents.

25. Click the **Done** button.

The **Individual Dependent/Beneficiary Information** page returns.

A screenshot of the "Individual Dependent/Beneficiary Information" page. The page has a "Cancel" button on the left and a "Save" button on the right. Below the title bar, there is a "Select Save after you have edited your Dependent/Beneficiary's information" dropdown. The "Name" field contains "Yellow Villis". The "Personal Information" section includes fields for "Date of Birth" (03/01/2022), "Gender" (Female), "Relationship to Employee" (Child), "Marital Status" (Single), "Student" (No), "Disabled" (No), and "Smoker" (Non Smoker). There are also "As of" date pickers for each of these fields. The "Address" section shows a table with columns "Address", "Address Type", and "Same as mine". The first row contains "100 East Main Street", "Home", and "Same as mine". The second row contains "Richmond, VA 23234", "Home", and "Same as mine".

26. Scroll up as needed and click the **Save** button in the top right-hand corner of the page.

**Note:** If you don't have an SSN for your dependent, the record will save without a National ID entered. However, your agency Benefits Administrator will reach out to obtain the SSN in the future.

A **Saved Successfully** message displays in a pop-up window.

A pop-up window titled "Saved Successfully" with an "OK" button in the center.

27. Click the **OK** button.



## ESS How to Make Open Enrollment Elections

The **Dependent and Beneficiary Information** page returns.

Dependent and Beneficiary Information			
Add Individual			
Name	Relationship	Beneficiary	Dependent
Summer Wills450	Spouse		✓
Bryce Wills450	Child		✓
Jessica Wills450	Child		✓
Yellow Wills	Child	✓	✓

28. Repeat Steps 7 – 27 as required until all dependents are added.

**Note:** When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **Do not miss your Open Enrollment deadline.** If you **do not** have the documentation, you can still submit your election request. The eligibility documents can be submitted later. See your agency Benefits Administrator for more information.

29. After all dependents are added, click the **Close (X)** icon in the upper right-hand corner of the page.

The **Medical** page returns.

Cancel Medical Done

▼ Enroll Your Dependents

Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information.

Dependents	Relationship
<input checked="" type="checkbox"/> Summer E Wills450	Spouse
<input checked="" type="checkbox"/> Bryce Charles Wills450	Child
<input checked="" type="checkbox"/> Jessica M Wills450	Child
<input type="checkbox"/> Yellow Wills	Child

Add Dependent

▼ Enroll in Your Plan

The Family Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
Select Waive				\$0.00
Select COVA HBB/Aer + Prev Den	\$26.50		\$920.00	\$26.50
Select COVA HBB/Aer + Exp Den&Via	\$69.50		\$920.00	\$69.50
Select COVA HBB/Aer + Exp Den	\$84.50		\$920.00	\$84.50
Select COVA High Ded Plan + PrevDen			\$818.50	\$0.00
Select COVA High Ded Plan + Exp Den	\$44.50		\$818.50	\$44.50
Select COVA Care + Prev Dental	\$147.50		\$929.50	\$147.50
Select COVA Cr+Prev Den+Out-of-ntwk	\$173.00		\$929.50	\$173.00
Select COVA Care + Expanded Dental	\$193.50		\$929.50	\$193.50
Select COVA Cr+Exp Den+Out-of-ntwk	\$219.00		\$929.50	\$219.00
✓ COVA Cr+Exp Den+Vision&Hrng	\$220.00		\$929.50	\$220.00
Select COVA+ExDen+Out-of-ntwk+V&Hr	\$245.00		\$929.50	\$245.00

Resources

- COVA HealthAware
- Anthem
- Tricare

30. Within the **Enroll Your Dependents** section, select the **Enroll** checkbox option for each dependent you want covered for the new plan year.

**Note:** As you select dependents, the coverage costs below will update accordingly.



## Benefits Job Aid

### ESS How to Make Open Enrollment Elections

The **Medical** page refreshes.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
Select Waive				\$0.00
Select COVA HlthAwr + Prev Den	\$26.50		\$928.00	\$26.50
Select COVA HlthAwr + Exp Den&Vis	\$69.50		\$928.00	\$69.50
Select COVA HlthAwr + Exp Den	\$84.50		\$928.00	\$84.50
Select COVA High Ded Plan + Prev Den			\$818.50	\$0.00
Select COVA High Ded Plan + Exp Den	\$44.50		\$818.50	\$44.50
Select COVA Care + Prev Dental	\$147.50		\$929.50	\$147.50
Select COVA Cr+Prev Den+Out-of-ntwk	\$173.00		\$929.50	\$173.00
✓ COVA Care + Expanded Dental	\$193.50		\$929.50	\$193.50
Select COVA Cr+Exp Den+Out-of-ntwk	\$219.00		\$929.50	\$219.00
Select COVA Cr+Exp Den+Vision&Hrng	\$220.00		\$929.50	\$220.00
Select COVA HlthAwr+Exp Den+Out-of-ntwk+Vis&Hr	\$245.00		\$929.50	\$245.00

31. Within the **Enroll in Your Plan** section, select the Health Plan you wish to enroll in for the new plan year by clicking the corresponding **Select** button. A green checkmark displays for the selected plan.

**Note:** Optionally click the blue **Information** icon for any of the plans to view additional information. There are also links in the **Resources** section of the page that can be used to view additional information.

32. Click the **Done** button in the upper right-hand corner of the page.



# Benefits Job Aid

## ESS How to Make Open Enrollment Elections

The **Benefit Details** page returns.

**Benefit Details**

**Benefits Enrollment**

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

**Enrollment Summary**

Your Pay Period Cost: **\$193.50** Full Cost: **\$193.50**  
Status: **Pending Review** Employer Cost: **\$929.50**

**Benefit Plans**

**Medical**

Current: COVA Cr+Exp Den+Vision&Hmg  
New: COVA Care + Expanded Dental  
Status: **Changed**  
4 Dependents

Pay Period Cost: **\$193.50** Review

**Flex Spending Medical**

Current: Medical Flex Spending Account  
New: Waive  
Status: **Pending Review**

Pay Period Cost: **\$0.00** Review

**Flex Spending Admin Fee**

Current: Flex Spending Admin Fee  
New: Waive  
Status: **Pending Review**

Pay Period Cost: **\$0.00** Review

**Flex Spending Dependent Care**

Current: Waive  
New: Waive  
Status: **Pending Review**

Pay Period Cost: **\$0.00** Review

33. Review the updated information in the **Medical** tile.

**Note:** The **Medical** tile now displays the coverage selected in the **New** row and the number of dependents enrolled along with the Pay Period Cost for the new plan year. The **Medical** tile now has a Status of “Changed”.

If you are not enrolling in a Flexible Spending Account (FSA) or if you are a Retiree participant, skip to [Step 45](#).

34. Click the **Flex Spending Medical** tile.

**Note:** If you have elected a Flex Spending Medical plan, you must re-elect this each year.

The **Flex Spending Medical** page displays.

**Flex Spending Medical**

Cancel Done

**Enroll in Your Plan**

Plan Name

✓ Waive

**Select** Medical Flex Spending Account

35. Click the **Select** button to elect Medical Flex Spending.



## Benefits Job Aid

### ESS How to Make Open Enrollment Elections

The **Flex Spending Medical** page refreshes.

36. Enter the applicable amount in the **Annual Pledge** field.

**Note:** The amount entered must be the amount you want to come out of your check for the entire plan year. Most employees can use the Flexible Spending Account worksheet to help them calculate the Annual Pledge amount. Employees who are paid semi-monthly but only have 18 pays a year (rather than 24) should not use this tool to calculate an annual pledge.

37. Click the **Done** button in the upper right-hand corner of the page.

The **Benefit Details** page returns.

**Note:** The **Flex Spending Medical** tile now displays the Pay Period Cost, and the Status is now "Changed". In addition, the pie chart on the page is updated with every additional benefit change that occurs.

**Note:** If you are not enrolling in a **Flex Spending Dependent Care** plan, skip to [Step 45](#).

38. Click the **Flex Spending Dependent Care** tile.



## ESS How to Make Open Enrollment Elections

The **Flex Spending Dependent Care** page displays.

Cancel Flex Spending Dependent Care Done

▼ Enroll in Your Plan

Plan Name

✓ Waive

Select Dependent Care FSA ⓘ

39. Click the **Select** button to elect the Dependent Care FSA plan.

The **Flex Spending Dependent Care** page refreshes.

Cancel Flex Spending Dependent Care Done

▼ Enroll in Your Plan

Plan Name

Select Waive

✓ Dependent Care FSA ⓘ

▼ Contribution Amount

Annual Pledge

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

40. Enter the applicable amount in the **Annual Pledge** field.

**Note:** The amount entered must be the amount you want to come out of your check for the entire plan year. Most employees can use the Flexible Spending Account worksheet to help them calculate the Annual Pledge amount. Employees who are paid semi-monthly but only have 18 pays a year (rather than 24) should not use this tool to calculate an annual pledge.

41. Click the **Done** button in the upper right-hand corner of the page.





## Benefits Job Aid

### ESS How to Make Open Enrollment Elections

The **Benefits Details** page returns.

**Note:** The **Flex Spending Dependent Care** tile now displays the Pay Period Cost, and the Status is now "Changed". In addition, the pie chart on the page is updated with every additional benefit change that occurs.

42. If you selected a Flex Spending Medical plan or a Flex Spending Dependent Care plan, you must elect the Flex Spending Admin Fee. Click the **Flex Spending Admin Fee** tile.

The **Flex Spending Admin Fee** page displays.

43. Click the **Select** button for the Flex Spending Admin Fee.
44. Click the **Done** button in the upper right-hand corner of the page.



## Benefits Job Aid

### ESS How to Make Open Enrollment Elections

The **Benefit Details** page returns.

**Note:** The **Flex Spending Admin Fee** tile now displays the Pay Period Cost, and the Status is now "Changed". In addition, the pie chart on the page is updated with every additional benefit change that occurs.

45. Review the **Your Pay Period Cost** section.

**Note:** If you use Cardinal for Benefits only (i.e., you are not paid out of Cardinal), the Pay Period Cost is reflecting your monthly cost in Cardinal.

46. Click the **Submit Enrollment** button.



## ESS How to Make Open Enrollment Elections

A **Benefits Alerts** message displays in a pop-up window.

**Done** **Benefits Alerts** **View**

Your benefit choices have been successfully submitted to the Benefits Department.

Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary

47. Click the **View** button to review your Election Preview Statement.

**Note:** If you don't want to review your Election Preview Statement, click the **Done** button and you have completed the open enrollment process.

The **View Submitted Enrollment** page displays.

**View Submitted Enrollment** x

Statement Type Submitted Enrollment Description July 2022 OE COVA **Print View**

Enrollment Effective Date 07/01/2022 Statement Issue Date 04/13/2022 10:40AM

This statement confirms your July 2022 OE COVA benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

**Statement Sections**

**Expand All**

- ▶ Personal Information
- ▶ Cost Summary
- ▶ Election Summary
- ▶ Dependents and Beneficiaries
- ▶ Dependent Enrollments
- ▶ Beneficiary Designations
- ▶ Investment Allocations

48. Click the **Expand All** button.



## Benefits Job Aid

### ESS How to Make Open Enrollment Elections

The page refreshes and the detailed information displays.

**View Submitted Enrollment**

Statement Type Submitted Enrollment Description July 2022 OE COVA  
Enrollment Effective Date 07/01/2022 Statement Issue Date 04/13/2022 10:40AM

This statement confirms your July 2022 OE COVA benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

**Statement Sections**

**Collapse All**

**Personal Information**

This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator.

**Contact Information**

Name Michael Wills450  
Mailing Address  
Email Address noemail@virginia.gov

**Eligibility Information**

Home Address 100 East Main Street , Richmond, VA 23234  
Gender Male  
Marital Status Single  
Birth Date 05/01/2000  
Service Date 11/29/2021

**Cost Summary**

This is a summary of the cost of your benefits. Details are in the Election Summary section.

Your Cost Per Pay Period	\$ 222.69
Full Cost	\$ 222.69
Employer Cost	\$ 929.50

FSA ...  
FSA ...  
FSA ...

Medical

**Election Summary**

The following is a summary of your elections. Select the Dependent or Beneficiary hyperlink to view the information associated with each benefit.

Remember: These coverages will remain in effect until the next Benefits Open Enrollment or if you experience a change in family status or employment situation.

49. Click the **Print View** button as desired to print the Election Preview Statement.
50. Once complete, click the **Close (X)** icon to return to the **Benefit Details** page.



# Benefits Job Aid

## ESS How to Make Open Enrollment Elections

The **Benefit Details** page returns.

Back

Benefit Details

Home

Menu

Benefits Summary

Life Events

Dependent/Beneficiary Info

Benefits Enrollment

Benefit Statements

Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

Enrollment Summary

Your Pay Period Cost \$222.69

Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Full Cost \$222.69

Employer Cost \$929.50

FSA Fee

FSA Dc...

Medical

Benefit Plans

Medical

Current COVA Cr+Exp Den+Vision&Hrng

New COVA Care + Expanded Dental

Status Changed

4 Dependents

Pay Period Cost \$193.50

Review

Flex Spending Medical

Current Medical Flex Spending Account

New Medical Flex Spending Account \$250

Status Changed

Pay Period Cost \$10.42

Review

Flex Spending Dependent Care

Current Waive

New Dependent Care FSA \$400

Status Changed

Pay Period Cost \$16.67

Review

Flex Spending Admin Fee

Current Flex Spending Admin Fee

New Flex Spending Admin Fee

Status Changed

Pay Period Cost \$2.10

Review

**Note:** If you added a dependent during the open enrollment process, you must now submit the supporting documentation to your agency Benefits Administrator for the coverage to be transmitted to the Health Benefits Vendor.

Congratulations! You have completed the benefit enrollment process for Open Enrollment. You will receive an email with your open enrollment confirmation statement.